

Appropriations Project Request - Fiscal Year 2019-20

For projects meeting the Definition of House Rule 5.14

1. Title of Project: Florida Tech - Restore Lagoon Inflow Research

2. Date of Submission: 02/05/2019

3. House Member Sponsor: Thad Altman

Members Copied:

4. DETAILS OF AMOUNT REQUESTED:

a. Has funding been provided in a previous state budget for this activity? No

If answer to 4a is "No" skip 4b and 4c and proceed to 4d, Col. E

b. What is the most recent fiscal year the project was funded?

c. Were the funds provided in the most recent fiscal year subsequently vetoed?

d. Complete the following Project Request Worksheet to develop your request:

FY:	Input Prior Year Appropriation for this project for FY 2018-19 (If appropriated in 2018-19 enter the appropriated amount, even if vetoed.)			Develop New Funds Request for FY 2019-20 (Requests for additional RECURRING funds are prohibited.)		
Column:	A	B	C	D	E	F
Funds Description:	Prior Year Recurring Funds	Prior Year Nonrecurring Funds	Total Funds Appropriated (Recurring plus Nonrecurring: column A + column B)	Recurring Base Budget (Will equal non- vetoed amounts provided in Column A)	Additional Nonrecurring Request	TOTAL Nonrecurring plus Recurring Base Funds (Will equal the amount from the Recurring base in Column D plus the Additional Nonrecurring Request in Column E.)
Input Amounts:					932,437	932,437

5. Are funds for this issue requested in a state agency's Legislative Budget Request submitted for FY 2019-20? No

5a. If yes, which state agency?

5b. If no, which is the most appropriate state agency to place an appropriation for the issue being requested? Department of Education

5c. Has the appropriate state agency for administering the funding, if the request were appropriated, been contacted? No

5d. Describe penalties for failing to meet deliverables or performance measures which the agency should provide in its contract to administer the funding if appropriated.

Standard contract conditions

6. Requester:

- a. Name: Robert Salonen
- b. Organization: Florida Institute of Technology
- c. Email: rsalonen@fit.edu
- d. Phone #: (321)501-1900

7. Contact for questions about specific technical or financial details about the project:

- a. Name: Robert Salonen
- b. Organization: Florida Institute of Technology
- c. Email: rsalonen@fit.edu
- d. Phone #: (321)501-1900

8. Is there a registered lobbyist working to secure funding for this project?

- a. Name: Cari Roth
- b. Firm: Dean Mead
- c. Email: CRoth@deanmead.com
- d. Phone #: (850)591-1094

9. Organization or Name of entity receiving funds:

- a. Name: Florida Institute of Technology
- b. County (County where funds are to be expended): Brevard
- c. Service Area (Counties being served by the service(s) provided with funding): Brevard, Indian River

10. What type of organization is the entity that will receive the funds? (Select one)

- ☐ For Profit
- ☐ Non Profit 501(c) (3)
- ☐ Non Profit 501(c) (4)
- ☐ Local Government
- ☒ University or College
- ☐ Other (Please describe)

11. What is the specific purpose or goal that will be achieved by the funds being requested?

The Florida Tech Indian River Lagoon Research Institute will continue their work on solutions for improving water quality in the Indian River Lagoon (IRL) with an initial phase of a pilot project to investigate the impacts of restoring periodic historical ocean inflows to the IRL. This first phase of the study will gather baseline data on existing water quality, biological parameters and hydrologic conditions at one or more potential locations for future inflow test structures.

12. Provide specific details on how funds will be spent. (Select all that apply)

Spending Category	Description	Nonrecurring (Should equal 4d, Col. E) Enter "0" if request is zero for the category
Administrative Costs:		
<input type="checkbox"/> a. Executive Director/Project Head Salary and Benefits		
<input type="checkbox"/> b. Other Salary and Benefits		
<input type="checkbox"/> c. Expense/Equipment/Travel/Supplies/Other		
<input type="checkbox"/> d. Consultants/Contracted Services/Study		
Operational Costs:		
<input type="checkbox"/> e. Salaries and Benefits		
<input checked="" type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other	Sensors, watercraft utilization, travel and expenses associated with accessing and implementing lagoon and coastal study sites	354,008
<input checked="" type="checkbox"/> g. Consultants/Contracted Services/Study	Planning and performing of studies as well as monitoring and modeling of lagoon and coastal study sites	578,429
Fixed Capital Construction/Major Renovation:		

<input type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering		
TOTAL		932,437

13. For the Fixed Capital Costs requested with this issue (In Question 12, category "h. Fixed Capital Outlay" was selected), what type of ownership will the facility be under when complete? (Select one correct option)

- ☐ For Profit
- ☐ Non Profit 501(c) (3)
- ☐ Non Profit 501(c) (4)
- ☐ Local Government (e.g., police, fire or local government buildings, local roads, etc.)
- ☐ State agency owned facility (For example: college or university facility, buildings for public schools, roads in the state transportation system, etc.)
- ☐ Other (Please describe)

14. Is the project request an information technology project?

No

15. Is there any documented show of support for the requested project in the community including public hearings, letters of support, major organizational backing, or other expressions of support?

Yes

15a. Please Describe:

The rationale for the requested project has been submitted to St. Johns Water Management District and is listed as an area of interest for a water circulation pilot project - <https://www.sjrwmd.com/renew-lagoon/#faq-10> . Restoring the Indian River Lagoon is an environmental and economic public priority for governments, community organizations and the chambers of commerce.

16. Has the need for the funds been documented by a study, completed by an independent 3rd party, for the area to be served?

Yes

16a. Please Describe:

The rationale for the requested project has been submitted to St. Johns Water Management District and is listed as an area of interest for a water circulation pilot project - <https://www.sjrwmd.com/renew-lagoon/#faq-10> .

17. Will the requested funds be used directly for services to citizens?

No

18. What benefits or outcomes will be realized by the expenditure of funds requested? (Select each Benefit/Outcome that applies)

Benefit or Outcome	Provide a specific measure of the benefit or outcome	Describe the method for measuring level of benefit
<input type="checkbox"/> Improve physical health		
<input type="checkbox"/> Improve mental health		
<input type="checkbox"/> Enrich cultural experience		
<input type="checkbox"/> Improve agricultural production/promotion/education		
<input type="checkbox"/> Improve quality of education		
<input checked="" type="checkbox"/> Enhance/preserve/improve environmental or fish and wildlife quality	Phase I of this project will establish baseline environmental data on potential location(s) in the IRL for placement of inflow test structures (Phase II)	Evaluate the feasibility and desirability of restoring measured historic tidal inflows into the IRL studying existing water quality, biological parameters and hydrologic conditions
<input checked="" type="checkbox"/> Protect the general public from harm (environmental, criminal, etc.)	Phase I of this project will establish baseline environmental data on potential location(s) in the IRL for placement of inflow test structures (Phase II)	Evaluate the feasibility and desirability of restoring measured historic tidal inflows into the IRL studying existing water quality, biological parameters and hydrologic conditions
<input type="checkbox"/> Improve transportation conditions		
<input checked="" type="checkbox"/> Increase or improve economic activity	Improvement of the quantity and quality of actionable data in the IRL potentially leading to partial relief of negative impacts on property values, tourism, and recreation along IRL	Securing and assessing data as a baseline measurement of existing ecosystems at study location(s) as a platform for documenting potential future improvement
<input type="checkbox"/> Increase tourism		

<input type="checkbox"/> Create specific immediate job opportunities		
<input type="checkbox"/> Enhance specific individual's economic self sufficiency		
<input type="checkbox"/> Reduce recidivism		
<input type="checkbox"/> Reduce substance abuse		
<input type="checkbox"/> Divert from Criminal/Juvenile justice system		
<input type="checkbox"/> Improve wastewater management		
<input type="checkbox"/> Improve stormwater management		
<input type="checkbox"/> Improve groundwater quality		
<input type="checkbox"/> Improve drinking water quality		
<input checked="" type="checkbox"/> Improve surface water quality	Phase I of this project will establish baseline environmental data on potential location(s) in the IRL for placement of inflow test structures (Phase II)	Evaluate the feasibility and desirability of restoring measured historic tidal inflows into the IRL studying existing water quality, biological parameters and hydrologic conditions
<input type="checkbox"/> Other (Please describe):		

19. Provide the total cost of the project for FY 2019-20 from all sources of funding (Enter "0" if amount is zero):

Type of Funding	Amount	Percent of Total	Are the other sources of funds guaranteed in writing?
1. Amount Requested from the State in this Appropriations Project Request:	932,437	100.0%	N/A
2. Federal:	0	0.0%	No
3. State: (Excluding the requested Total Amount in #4d,	0	0.0%	No

Column F)			
4. Local:	0	0.0%	No
5. Other:	0	0.0%	No
TOTAL	932,437	100%	

20. Is this a multi-year project requiring funding from the state for more than one year?

Yes

20a. How much state funding would be requested after 2019-20 over the next 5 years?

☐ <1M

☐ 1-3M

☒ >3-10M

☐ >10M

20b. How many additional years of state support do you expect to need for this project?

☐ 1 year

☐ 2 years

☒ 3 years

☐ 4 years

☐ >= 5 years

20c. What is the total project cost for all years including all federal, local, state, and any other funds? Select the single answer which best describes the total project cost. If funds requested are for ongoing services or for recurring activities, select "ongoing activity".

☐ Ongoing activity – no total cost

☐ <1M

☐ 1-3M

☒ >3-10M

☐ >10M